

Address by Andra Levite at the conference "Latvia on the road to cervical cancer elimination" organised by Riga East Clinical University Hospital

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Dear Professor Dace Rezeberga!

Dear Professor Jana Žodžika!

Dear Professor Alinta Hegmane!

Warm greetings, dear colleagues!

I feel truly honoured to speak today at the opening of the Riga East Clinical University Hospital conference "Latvia on the road to cervical cancer elimination".

People are confronted with all many problems in their lifetime for which no solutions or answers have been found to date.

In mathematics, the Poincaré conjecture; in philosophy, the question of the universe's beginning; and in everyday life: which is tastier - strawberries or cherries?

But there are also serious questions for which science has discovered a cause, a strategy to avoid the problem and a solution.

Cervical cancer is such an issue.

It is known what causes cervical cancer. It is the Human Papillomavirus (HPV) in almost 100% of cases

It is known what actions can be taken to reduce the likelihood of contracting it. Early detection of high-risk HPV infection, followed by appropriate management, reduces the chance of developing cervical cancer.

These include vaccination against HPV for girls and boys, recommended before starting sexual life, protection from other sexually transmitted diseases (STDs) and regular cervical cancer screening.

It is known what methods and medical tools are used to detect cervical cancer and, more importantly, to detect pre-cancerous and early stages of cervical cancer.

These include cervical smear cytology, high-risk HPV detection, colposcopy.

Algorithms are known to treat cervical changes according to the stage detected.

It is also known how and when to avoid unnecessarily traumatic surgeries, which can cause complications during pregnancy, especially for young women.

Everything I have just listed is self-evident to all of you.

You, the Latvian Association of Gynaecologists and Obstetricians and the Latvian Society of Colposcopy, have ensured that Latvian women are examined and, if necessary, treated with modern, scientifically recognised methods.

There is increasing talk about the importance and inclusion of research in this process. Work has also started on a cancer registry.

The road to eradicating cervical cancer in Latvia, in my opinion, is well prepared from the professional side. Professionals are certainly aware of the shortcomings of this path, but they certainly have dreams and hopes for the future.

Just as on 8 May 1980, the World Health Organisation (WHO) declared that the world was free of smallpox, so in 2020, your ally, the WHO, approved the Global Strategy for Cervical Cancer Elimination.

Many countries in Europe have started the road to cervical cancer eradication long before Latvia.

In Germany, the first cervical cancer screening program was launched in 1971, in the Scandinavian countries in the 1960s and in Luxembourg in 1962. It should be clarified that the programmes started in those years differed from the current ones.

However, they all have one thing in common: the earlier cervical cancer screening with scientifically appropriate methods is initiated, the faster the incidence of cancer, especially at an advanced stage, and the mortality rate have fallen.

The prosperity of a country can be measured by various factors, such as the number of cars per 1 000 inhabitants, the percentage of people who are illiterate or the incidence of cervical cancer in women.

In Scandinavia, it is around five cases per 100 000 inhabitants; in Germany - 13 cases per 100 000 inhabitants; and in Latvia - 16 cases per 100 000 inhabitants. A much sadder example is Colombia in South America, with 45 cases per 100 000 inhabitants.

The average age at which cervical cancer is most often detected in women is between 45 and 55. This is the period in a woman's life when her commitment is most intense, in the family, in society and in her professional life. By contrast, pre-cancerous stages can be detected as early as between the age of 20 and 30.

Public education and participation are needed to ensure that women in Latvia experience the realization of the noble goal of eradicating cervical cancer. Women - and girls even more so - should know:

why it is important to take care of physical health (and undoubtedly mental health too)

what harmful habits (especially smoking) to give up;

that careless and irresponsible sexual life contributes to the contraction of various STDs, including HPV

that HPV infection can go unnoticed for a long time because symptoms may not be present

that HPV infection and disease may be detected late due to missing symptoms

that cervical cancer detected at an early stage can be cured

what is the family medical history.

Adolescent education should undoubtedly include answers to questions on sex life. Young people have them, and educated adults should answer them. Ignorance leads to inappropriate and health-threatening behaviour. Knowledge, on the other hand, enables people to assess risks and make decisions for a healthy future.

In Latvia, 53% of all 15-year-old girls had received the full course of HPV vaccination by the middle of last year.

As part of the global drive towards cervical eradication, WHO has set a target of 90% of 15-year-old girls receiving the full course of HPV vaccination by 2030.

Knowing that the virus does not distinguish between potential victims by gender, publicly funded HPV vaccination has also been launched for boys.

Unfortunately, in the gynaecologist's office, one sometimes hears similar prejudices against the HPV vaccine as against the Covid-19 vaccine, usually from parents or mothers. But there are cases where a 16-year-old girl comes and wants to receive vaccine, which until that age was denied to her by her family. She has read the information and is ready to take responsible care of her health and future.

If the doctor is sure that a 16-year-old girl already understands what she is doing, he may prescribe HPV vaccine as well as combined oral contraception without parental consent.

In order to improve girls' and women's participation in HPV vaccination and cervical cancer screening, we should also think of non-conventional ways to reach girls and women.

A regular invitation letter for screening is a traditional approach, as are hard copy newspapers, radio, and television. A certain number of women can be reached with this form of information. But especially the younger generation gets their information from other sources. Emails, SMS, WhatsApp, social media, and apps should definitely be used.

I admit that I expect an educated person to take an interest in his own health and to do as much as possible to maintain it. However, in every society there are groups of people who deserve special attention. I will mention a few:

people living with HIV infection, who are at high risk of HPV infection and potential oncological disease

homeless people, women without permanent residence;

people with various physical and mental disorders;

illiterate people who, even with the best will, are unable to read the invitation to screening (unfortunately there are illiterate people in Latvia);

female refugees who have found safe haven in Latvia as a result of the Russian war in Ukraine, as well as refugees from other parts of the world.

I am optimistic. It is clear that there are many challenges ahead, but at the same time, we have many good ideas and energy.

The path we have started to eradicate cervical cancer is the right one. Let's go further!

Thank you!



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